



THE UNIVERSITY OF CHICAGO BIWEEKLY PAYROLL ADJUSTMENT FORM

EMPLOYEE ID NO.	EMPLOYEE NAME	CHECK DELIVERY CODE

HOURS ADJUSTMENTS		FOR PAY PERIOD ENDING: _____					
EARN CD	HOURS	RATE	+/-	JOB #	JOB CODE	ACCOUNT NUMBER	

RETROACTIVE RATE ADJUSTMENTS (RA)						ADJUSTMENTS TO HOURLY RATE			
BEG DATE	END DATE	ACCOUNT #	JOB #	JOB DEPT	JOB CODE	EARN CODE	TOTAL AMT DUE	+/-	HOURS (up to 999)
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			

ADJUSTMENT DETAIL: OLD RATE _____ **NEW RATE:** _____

EXPLANATION OF THE ADJUSTMENTS ABOVE (Must include date information):

DEAN, DEPT. HEAD, INST. DIRECTOR, SUPERVISOR SIGNATURE _____ DATE _____ PHONE NUMBER _____

FORM DUE DATE: Second Wednesday of each biweekly pay cycle
 DELIVER TO: Payroll Services, 6054 S. Drexel Suite 300